United American insurance company

2023 ProCare® Rates – New Jersey

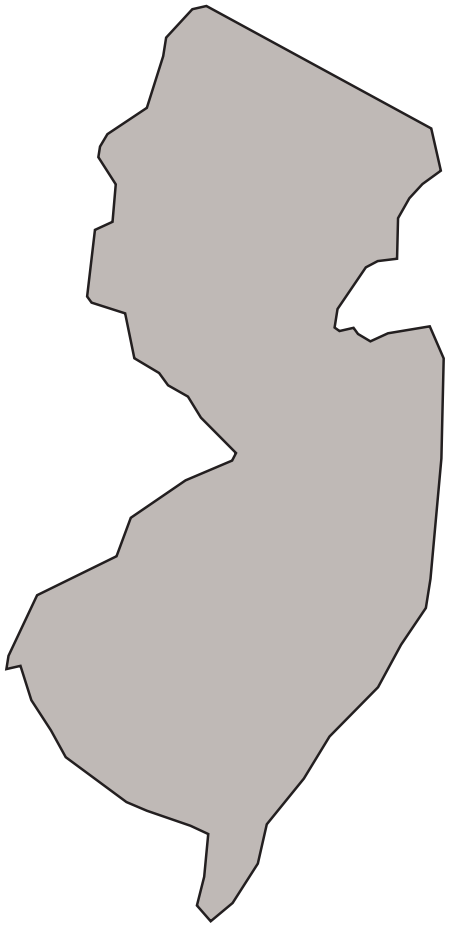
Plans C, F and HDF are only available to applicants first eligible for Medicare Part A before January 1, 2020.

Premium portions for Plans C and F are for Part B deductible; subtract from the appropriate mode to calculate commission:

A	SA	Q	M
$239	$120	$60	$20

Attained Age policy rates are based on the policyholder's current age. Rates increase yearly (as the policyholder's age increases) on the policy anniversary date, usually up to age 80. Any rate increases due to medical care cost increases are in addition to the increases due to aging. Plans A, C, D, F, HDF, G, HDG, and N are Attained Age rated.

Under Age 65 During Open Enrollment/Guaranteed Issue (OE/GI) policy rates available during Open Enrollment / Guaranteed Issue period for Plans C and D only. Available to applicants ages 50 thru 64.



PLAN A

Male

Preferred

Effective Date: 03/01/2024 Plan Code: 5A4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2209	1105	553	185
66	2263	1132	566	189
67	2310	1155	578	193
68	2371	1186	593	198
69	2434	1217	609	203
70	2502	1251	626	209
71	2556	1278	639	213
72	2593	1297	649	217
73	2705	1353	677	226
74	2825	1413	707	236
75	2945	1473	737	246
76	3057	1529	765	255
77	3112	1556	778	260
78	3112	1556	778	260
79	3112	1556	778	260
80+	3112	1556	778	260

Standard

Effective Date: 03/01/2024 Plan Code: 5A6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2542	1271	636	212
66	2604	1302	651	217
67	2659	1330	665	222
68	2729	1365	683	228
69	2801	1401	701	234
70	2880	1440	720	240
71	2942	1471	736	246
72	2984	1492	746	249
73	3113	1557	779	260
74	3251	1626	813	271
75	3389	1695	848	283
76	3518	1759	880	294
77	3582	1791	896	299
78	3582	1791	896	299
79	3582	1791	896	299
80+	3582	1791	896	299

Female

Preferred

Effective Date: 03/01/2024 Plan Code: 5A5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1921	961	481	161
66	1968	984	492	164
67	2009	1005	503	168
68	2062	1031	516	172
69	2116	1058	529	177
70	2176	1088	544	182
71	2223	1112	556	186
72	2255	1128	564	188
73	2353	1177	589	197
74	2456	1228	614	205
75	2561	1281	641	214
76	2658	1329	665	222
77	2707	1354	677	226
78	2707	1354	677	226
79	2707	1354	677	226
80+	2707	1354	677	226

Standard

Effective Date: 03/01/2024 Plan Code: 5A7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2209	1105	553	185
66	2263	1132	566	189
67	2310	1155	578	193
68	2371	1186	593	198
69	2434	1217	609	203
70	2502	1251	626	209
71	2556	1278	639	213
72	2593	1297	649	217
73	2705	1353	677	226
74	2825	1413	707	236
75	2945	1473	737	246
76	3057	1529	765	255
77	3112	1556	778	260
78	3112	1556	778	260
79	3112	1556	778	260
80+	3112	1556	778	260

PLAN C

Male

Preferred — Effective Date: 03/01/2024 — Plan Code: 5B4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3353	1677	839	280
66	3466	1733	867	289
67	3582	1791	896	299
68	3703	1852	926	309
69	3826	1913	957	319
70	3954	1977	989	330
71	4083	2042	1021	341
72	4221	2111	1056	352
73	4364	2182	1091	364
74	4508	2254	1127	376
75	4656	2328	1164	388
76	4808	2404	1202	401
77	4968	2484	1242	414
78	5139	2570	1285	429
79	5306	2653	1327	443
80+	5482	2741	1371	457

Standard — Effective Date: 03/01/2024 — Plan Code: 5B6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3859	1930	965	322
66	3989	1995	998	333
67	4122	2061	1031	344
68	4262	2131	1066	356
69	4403	2202	1101	367
70	4551	2276	1138	380
71	4699	2350	1175	392
72	4857	2429	1215	405
73	5022	2511	1256	419
74	5187	2594	1297	433
75	5358	2679	1340	447
76	5534	2767	1384	462
77	5718	2859	1430	477
78	5914	2957	1479	493
79	6106	3053	1527	509
80+	6309	3155	1578	526

Female

Preferred — Effective Date: 03/01/2024 — Plan Code: 5B5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2916	1458	729	243
66	3014	1507	754	252
67	3115	1558	779	260
68	3220	1610	805	269
69	3327	1664	832	278
70	3439	1720	860	287
71	3551	1776	888	296
72	3671	1836	918	306
73	3795	1898	949	317
74	3920	1960	980	327
75	4049	2025	1013	338
76	4182	2091	1046	349
77	4321	2161	1081	361
78	4469	2235	1118	373
79	4614	2307	1154	385
80+	4767	2384	1192	398

Standard — Effective Date: 03/01/2024 — Plan Code: 5B7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3353	1677	839	280
66	3466	1733	867	289
67	3582	1791	896	299
68	3703	1852	926	309
69	3826	1913	957	319
70	3954	1977	989	330
71	4083	2042	1021	341
72	4221	2111	1056	352
73	4364	2182	1091	364
74	4508	2254	1127	376
75	4656	2328	1164	388
76	4808	2404	1202	401
77	4968	2484	1242	414
78	5139	2570	1285	429
79	5306	2653	1327	443
80+	5482	2741	1371	457

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D

Male

Preferred

Effective Date: 03/01/2024 Plan Code: 5BM

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2608	1304	652	218
66	2703	1352	676	226
67	2804	1402	701	234
68	2908	1454	727	243
69	3014	1507	754	252
70	3125	1563	782	261
71	3236	1618	809	270
72	3356	1678	839	280
73	3480	1740	870	290
74	3604	1802	901	301
75	3733	1867	934	312
76	3864	1932	966	322
77	4003	2002	1001	334
78	4150	2075	1038	346
79	4296	2148	1074	358
80+	4447	2224	1112	371

Standard

Effective Date: 03/01/2024 Plan Code: 5BO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3001	1501	751	251
66	3111	1556	778	260
67	3227	1614	807	269
68	3347	1674	837	279
69	3468	1734	867	289
70	3597	1799	900	300
71	3724	1862	931	311
72	3863	1932	966	322
73	4005	2003	1002	334
74	4148	2074	1037	346
75	4296	2148	1074	358
76	4447	2224	1112	371
77	4607	2304	1152	384
78	4776	2388	1194	398
79	4944	2472	1236	412
80+	5118	2559	1280	427

Female

Preferred

Effective Date: 03/01/2024 Plan Code: 5BN

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2268	1134	567	189
66	2351	1176	588	196
67	2439	1220	610	204
68	2529	1265	633	211
69	2621	1311	656	219
70	2718	1359	680	227
71	2814	1407	704	235
72	2919	1460	730	244
73	3026	1513	757	253
74	3135	1568	784	262
75	3247	1624	812	271
76	3361	1681	841	281
77	3481	1741	871	291
78	3609	1805	903	301
79	3736	1868	934	312
80+	3868	1934	967	323

Standard

Effective Date: 03/01/2024 Plan Code: 5BP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2608	1304	652	218
66	2703	1352	676	226
67	2804	1402	701	234
68	2908	1454	727	243
69	3014	1507	754	252
70	3125	1563	782	261
71	3236	1618	809	270
72	3356	1678	839	280
73	3480	1740	870	290
74	3604	1802	901	301
75	3733	1867	934	312
76	3864	1932	966	322
77	4003	2002	1001	334
78	4150	2075	1038	346
79	4296	2148	1074	358
80+	4447	2224	1112	371

PLAN F

Male

Preferred

Effective Date: 03/01/2024 Plan Code: 5C4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3370	1685	843	281
66	3481	1741	871	291
67	3598	1799	900	300
68	3719	1860	930	310
69	3840	1920	960	320
70	3971	1986	993	331
71	4099	2050	1025	342
72	4236	2118	1059	353
73	4379	2190	1095	365
74	4522	2261	1131	377
75	4673	2337	1169	390
76	4824	2412	1206	402
77	4984	2492	1246	416
78	5155	2578	1289	430
79	5323	2662	1331	444
80+	5497	2749	1375	459

Standard

Effective Date: 03/01/2024 Plan Code: 5C6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3879	1940	970	324
66	4006	2003	1002	334
67	4141	2071	1036	346
68	4280	2140	1070	357
69	4419	2210	1105	369
70	4569	2285	1143	381
71	4718	2359	1180	394
72	4875	2438	1219	407
73	5039	2520	1260	420
74	5204	2602	1301	434
75	5378	2689	1345	449
76	5552	2776	1388	463
77	5736	2868	1434	478
78	5933	2967	1484	495
79	6126	3063	1532	511
80+	6326	3163	1582	528

Female

Preferred

Effective Date: 03/01/2024 Plan Code: 5C5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2931	1466	733	245
66	3027	1514	757	253
67	3129	1565	783	261
68	3234	1617	809	270
69	3339	1670	835	279
70	3453	1727	864	288
71	3565	1783	892	298
72	3684	1842	921	307
73	3808	1904	952	318
74	3932	1966	983	328
75	4064	2032	1016	339
76	4196	2098	1049	350
77	4335	2168	1084	362
78	4483	2242	1121	374
79	4629	2315	1158	386
80+	4780	2390	1195	399

Standard

Effective Date: 03/01/2024 Plan Code: 5C7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3370	1685	843	281
66	3481	1741	871	291
67	3598	1799	900	300
68	3719	1860	930	310
69	3840	1920	960	320
70	3971	1986	993	331
71	4099	2050	1025	342
72	4236	2118	1059	353
73	4379	2190	1095	365
74	4522	2261	1131	377
75	4673	2337	1169	390
76	4824	2412	1206	402
77	4984	2492	1246	416
78	5155	2578	1289	430
79	5323	2662	1331	444
80+	5497	2749	1375	459

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF

Male

Preferred — Effective Date: 03/01/2024 — Plan Code: 5CM

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	826	413	207	69
66	848	424	212	71
67	872	436	218	73
68	905	453	227	76
69	933	467	234	78
70	966	483	242	81
71	998	499	250	84
72	1018	509	255	85
73	1068	534	267	89
74	1123	562	281	94
75	1180	590	295	99
76	1233	617	309	103
77	1269	635	318	106
78	1283	642	321	107
79	1295	648	324	108
80+	1358	679	340	114

Standard — Effective Date: 03/01/2024 — Plan Code: 5CO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	950	475	238	80
66	976	488	244	82
67	1004	502	251	84
68	1042	521	261	87
69	1074	537	269	90
70	1111	556	278	93
71	1148	574	287	96
72	1172	586	293	98
73	1229	615	308	103
74	1293	647	324	108
75	1358	679	340	114
76	1419	710	355	119
77	1461	731	366	122
78	1477	739	370	124
79	1491	746	373	125
80+	1562	781	391	131

Female

Preferred — Effective Date: 03/01/2024 — Plan Code: 5CN

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	718	359	180	60
66	738	369	185	62
67	758	379	190	64
68	787	394	197	66
69	812	406	203	68
70	840	420	210	70
71	868	434	217	73
72	885	443	222	74
73	928	464	232	78
74	977	489	245	82
75	1026	513	257	86
76	1072	536	268	90
77	1104	552	276	92
78	1116	558	279	93
79	1126	563	282	94
80+	1181	591	296	99

Standard — Effective Date: 03/01/2024 — Plan Code: 5CP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	826	413	207	69
66	848	424	212	71
67	872	436	218	73
68	905	453	227	76
69	933	467	234	78
70	966	483	242	81
71	998	499	250	84
72	1018	509	255	85
73	1068	534	267	89
74	1123	562	281	94
75	1180	590	295	99
76	1233	617	309	103
77	1269	635	318	106
78	1283	642	321	107
79	1295	648	324	108
80+	1358	679	340	114

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G

Male

Preferred

Effective Date: 03/01/2024 Plan Code: 5D4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2612	1306	653	218
66	2708	1354	677	226
67	2810	1405	703	235
68	2913	1457	729	243
69	3018	1509	755	252
70	3131	1566	783	261
71	3240	1620	810	270
72	3362	1681	841	281
73	3484	1742	871	291
74	3610	1805	903	301
75	3739	1870	935	312
76	3870	1935	968	323
77	4007	2004	1002	334
78	4154	2077	1039	347
79	4300	2150	1075	359
80+	4453	2227	1114	372

Standard

Effective Date: 03/01/2024 Plan Code: 5D6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3006	1503	752	251
66	3116	1558	779	260
67	3233	1617	809	270
68	3352	1676	838	280
69	3473	1737	869	290
70	3603	1802	901	301
71	3729	1865	933	311
72	3869	1935	968	323
73	4010	2005	1003	335
74	4154	2077	1039	347
75	4303	2152	1076	359
76	4453	2227	1114	372
77	4612	2306	1153	385
78	4781	2391	1196	399
79	4949	2475	1238	413
80+	5124	2562	1281	427

Female

Preferred

Effective Date: 03/01/2024 Plan Code: 5D5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2271	1136	568	190
66	2355	1178	589	197
67	2443	1222	611	204
68	2533	1267	634	212
69	2625	1313	657	219
70	2723	1362	681	227
71	2818	1409	705	235
72	2923	1462	731	244
73	3030	1515	758	253
74	3139	1570	785	262
75	3251	1626	813	271
76	3365	1683	842	281
77	3485	1743	872	291
78	3613	1807	904	302
79	3740	1870	935	312
80+	3872	1936	968	323

Standard

Effective Date: 03/01/2024 Plan Code: 5D7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2612	1306	653	218
66	2708	1354	677	226
67	2810	1405	703	235
68	2913	1457	729	243
69	3018	1509	755	252
70	3131	1566	783	261
71	3240	1620	810	270
72	3362	1681	841	281
73	3484	1742	871	291
74	3610	1805	903	301
75	3739	1870	935	312
76	3870	1935	968	323
77	4007	2004	1002	334
78	4154	2077	1039	347
79	4300	2150	1075	359
80+	4453	2227	1114	372

PLAN HDG

Male

Preferred

Effective Date: 03/01/2024 Plan Code: 5HO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	826	413	207	69
66	848	424	212	71
67	872	436	218	73
68	905	453	227	76
69	933	467	234	78
70	966	483	242	81
71	998	499	250	84
72	1018	509	255	85
73	1068	534	267	89
74	1123	562	281	94
75	1180	590	295	99
76	1233	617	309	103
77	1269	635	318	106
78	1283	642	321	107
79	1295	648	324	108
80+	1358	679	340	114

Standard

Effective Date: 03/01/2024 Plan Code: 5HQ

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	950	475	238	80
66	976	488	244	82
67	1004	502	251	84
68	1042	521	261	87
69	1074	537	269	90
70	1111	556	278	93
71	1148	574	287	96
72	1172	586	293	98
73	1229	615	308	103
74	1293	647	324	108
75	1358	679	340	114
76	1419	710	355	119
77	1461	731	366	122
78	1477	739	370	124
79	1491	746	373	125
80+	1562	781	391	131

Female

Preferred

Effective Date: 03/01/2024 Plan Code: 5HP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	718	359	180	60
66	738	369	185	62
67	758	379	190	64
68	787	394	197	66
69	812	406	203	68
70	840	420	210	70
71	868	434	217	73
72	885	443	222	74
73	928	464	232	78
74	977	489	245	82
75	1026	513	257	86
76	1072	536	268	90
77	1104	552	276	92
78	1116	558	279	93
79	1126	563	282	94
80+	1181	591	296	99

Standard

Effective Date: 03/01/2024 Plan Code: 5HR

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	826	413	207	69
66	848	424	212	71
67	872	436	218	73
68	905	453	227	76
69	933	467	234	78
70	966	483	242	81
71	998	499	250	84
72	1018	509	255	85
73	1068	534	267	89
74	1123	562	281	94
75	1180	590	295	99
76	1233	617	309	103
77	1269	635	318	106
78	1283	642	321	107
79	1295	648	324	108
80+	1358	679	340	114

PLAN N

Male

Preferred

Effective Date: 03/01/2024 Plan Code: 5DM

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2152	1076	538	180
66	2235	1118	559	187
67	2324	1162	581	194
68	2414	1207	604	202
69	2508	1254	627	209
70	2604	1302	651	217
71	2703	1352	676	226
72	2806	1403	702	234
73	2915	1458	729	243
74	3022	1511	756	252
75	3136	1568	784	262
76	3253	1627	814	272
77	3371	1686	843	281
78	3502	1751	876	292
79	3629	1815	908	303
80+	3762	1881	941	314

Standard

Effective Date: 03/01/2024 Plan Code: 5DO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2477	1239	620	207
66	2572	1286	643	215
67	2675	1338	669	223
68	2779	1390	695	232
69	2886	1443	722	241
70	2997	1499	750	250
71	3111	1556	778	260
72	3230	1615	808	270
73	3355	1678	839	280
74	3478	1739	870	290
75	3609	1805	903	301
76	3744	1872	936	312
77	3880	1940	970	324
78	4031	2016	1008	336
79	4176	2088	1044	348
80+	4330	2165	1083	361

Female

Preferred

Effective Date: 03/01/2024 Plan Code: 5DN

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1872	936	468	156
66	1944	972	486	162
67	2021	1011	506	169
68	2100	1050	525	175
69	2181	1091	546	182
70	2265	1133	567	189
71	2351	1176	588	196
72	2441	1221	611	204
73	2535	1268	634	212
74	2628	1314	657	219
75	2727	1364	682	228
76	2829	1415	708	236
77	2932	1466	733	245
78	3046	1523	762	254
79	3156	1578	789	263
80+	3272	1636	818	273

Standard

Effective Date: 03/01/2024 Plan Code: 5DP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2152	1076	538	180
66	2235	1118	559	187
67	2324	1162	581	194
68	2414	1207	604	202
69	2508	1254	627	209
70	2604	1302	651	217
71	2703	1352	676	226
72	2806	1403	702	234
73	2915	1458	729	243
74	3022	1511	756	252
75	3136	1568	784	262
76	3253	1627	814	272
77	3371	1686	843	281
78	3502	1751	876	292
79	3629	1815	908	303
80+	3762	1881	941	314

AGE 50 - 64 GUARANTEED ISSUE PERIOD (G/I) *

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
C	3353	1677	839	280	5F4	03/01/2024
D	2608	1304	652	218	5F8	03/01/2024

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
C	2916	1458	729	243	5F5	03/01/2024
D	2268	1134	567	189	5F9	03/01/2024

*** NOTE: In NEW JERSEY, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AGE 50 - 64 DURING OPEN ENROLLMENT (O/E) *

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
C	3353	1677	839	280	5F4	03/01/2024
D	2608	1304	652	218	5F8	03/01/2024

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
C	2916	1458	729	243	5F5	03/01/2024
D	2268	1134	567	189	5F9	03/01/2024

Underage Coverage:

Plans C and D are available for qualified consumers aged 50-64 who are eiligible for Medicare by reason of disability.

Open Enrollment

You are eligible for Guaranteed Acceptance in Plan C if your Medicare Part B effective date is prior to 1/1/2020 and you apply:

(1) within six months of enrollment in Medicare Part B; or

(2) within six months beginning with the month in which a retroactive determination of eiligible for Medicare is made.

You are eligible for Guaranteed Acceptance in Plan D if:

(1) your Medicare Part B effective date is prior to 1/1/2020 and you apply within six months of enrollment in Medicare Part B and you are not covered by any other Medicare Supplement Plan; or

(2) your Medicare Part B effective date is on or after 1/1/2020 and you apply within 12 months of enrollment in Medicare Part B.

*** NOTE: In NEW JERSEY, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.